Express Mail Label No. EL 856 969 472 US

Please type a plus sign (+) inside this box -> +

Under the Paperwork Reduction Act of 1995, no persons are required to	U.S. Patent and Tradema	PTO/SB/01 (10-00) ed for use through 10/31/2002. OMB 0651-0032 ork Office; U.S. DEPARTMENT OF COMMERCE n unless it contains a valid OMB control number.			
	Attorney Docket Number	390086.94715			
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	First Named Inventor	Phani Kumar Bidarahalli			
	COMPLETE IF KNOWN				
	Application Number				
•					

PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number				
Declaration Submitted With Initial Filing		_	Filing Date	Herewith		
	Declaration Submitted after Initial	Group Art Unit				
		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			
As a below named in	ventor	, I hereby declare that:				
My residence, mailing	addres	s, and citizenship are as stated b	elow next to my name.			
		t and sole inventor (if only one na e subject matter which is claimed		original, first and joint inventor (if plural sought on the invention entitled:		
OBJECT ORIEN	TED F	RAMEWORK FOR SCAN	NER/WORKSTATION	N CONFIGURATION		

the specification of which	(7	Title of the Invention)				
is attached hereto	•					
OR		as United St	tates Annlication I	Number or PCT International		
was filed on (MM/DD/YYYY)		as of filed of	tates Application	value of Contractinational		
Application Number				(if applicable).		
Application Number	and was a	mended on (MM/DD/YY)	YY) L			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Name (v)		(
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Dat	te (MM/DD/YYYY)	numbers supplem	al provisional application are listed on a ental priority data sheet 02B attached hereto.		

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box + + Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

		-				
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below						
Name Michael A. Jaskolski 28382						
Address Quarels & Brady, LLP	,		THE TRADE	INCH OFFICE		
411 East Wisconsin Avenue						
City Milwaukee				State	WI	53202 ZIP
USA Country		Telephon		7.5711		414.271.3552 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor					
Given Name Phani Kumar Family Name Bidarahalli or Sumame				li		
Inventor's Signature Date 4/6/01						
Residence: City Waukesha			State WI	te WI Country USA		Citizenship India
Mailing Address 2402 Springdale Road #209						
Mailing Address						
City Waukesha	WI State			53186 ZIP		Country USA
NAME OF SECOND INVENTOR	:			A petiti	on has been fil	ed for this unsigned inventor
Given Name Christopher J. Family Name Mussack (first and middle [if any]) or Sumame						
Inventor's Clarkwood Date						
Residence: City		State WI		Country USA	US Citizenship	
Mailing Address W251 S4310 Oakview Drive						
Mailing Address						
City Waukesha	State WI			ZIP 53189 USA Country		
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					nis unsigned inventor		
Given Name (first and middle [if any])			Family Na	me or S	umame		
			Schleicher				
Inventor's Rebecca / Skleiche				Date 1/4010/			
Residence: City Greenfield	State WI				US Citizenship		
Mailing Address 3680 South Rivershire Drive #5							
Malling Address							
City Greenfield	State WI		ZIP 53228	Countr	y US		
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any]))		Family Na	me or S	umame		
Inventor's Signature Date					Date		
Residence: City	State		Country		Citizenship		
Malling Address							
Mailing Address					_		
City	State		ZIP	Cou	ntry		
			1 6-17	1 000			
			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature		 ,			Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Ce	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.